

CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

GILES S. PORTER, M.D., Director

Weekly Bulletin

STATE BOARD OF PUBLIC HEALTH

GEORGE E. EBRIGHT, M.D., President

FRED F. GUNDRUM, M.D., Vice President

A. J. SCOTT, Jr., M.D. ADELAIDE BROWN, M.D. EDWARD F. GLASER, M.D.

ROBERT A. PEERS, M.D.

GILES S. PORTER, M.D.

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912. Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. X, No. 7

March 21, 1931

GUY P. JONES
EDITOR

Psittacosis or Parrot Fever

A report issued by the United States Public Health Service states that psittacosis, or parrot fever, is primarily a disease of birds which can be conveyed to persons through more or less intimate contact with recently imported infected parrots, and sometimes by parrakeets, love birds, canaries, and possibly other tropical species. It is, therefore, of especial interest to all bird fanciers.

The symptoms of the disease in birds are not sufficiently characteristic to be diagnostic; hence, the disease in them is usually detected only after one or more human cases of parrot fever have resulted. The birds which usually are responsible for the human cases are those which have been imported recently and usually they also show signs of illness, such as loss of appetite, roughing of feathers, and sometimes cough and diarrhea, although occasionally birds apparently well have served to infect persons as long as eight months after importation. The facility with which the disease is spread from infected birds to man makes it one of the most highly contagious diseases known.

Infected persons usually become sick in from 6 to 15 days following exposure and have symptoms suggesting influenza. The onset is sudden, with chilly feeling, intense headache, and fever. A peculiar type of localized pneumonia soon develops. It is largely upon the extent of this pneumonia and the age of the patient that the outcome of the disease depends; it is especially dangerous in persons over 60 years old. In mild cases the initial pneumonia ceases to spread and the fever

and other symptoms tend to disappear after eight to ten days. In severe cases, however, the lung becomes progressively more and more involved, and unless the process can be checked death will result, usually in the third week of the disease. When recovery sets in, the physician must guard his patient from getting about too soon, as relapses during the weeks immediately following the return of the temperature to normal occur not infrequently, though they tend to be milder than the original attack.

Psittacosis of man has been reported for the United States in 1904, 1906, 1925 and 1927. The 1929-1930 outbreak is, however, by far the most extensive yet reported for the United States. Nevertheless, it seems certain that this outbreak would largely have escaped detection as to its real nature had not the press brought the condition and its striking association with parrots before the public and the medical profession.

The records of the Public Health Service indicate that there were 74 places of infection, which gave rise to 169 cases with 33 deaths from November 23, 1929, to May 7, 1930. These cases occurred in 15 states and the District of Columbia, and do not include 16 laboratory infections with 2 deaths, or 12 probable cases which were moved from two merchant ships entering ports of the United States following exposure aboard ship to parrots purchased abroad.

Among the 167 cases of known sex which occurred in the United States, 105 were females, or 63.37 per cent of the total. This preponderance of cases among

females is probably a reflection of the fact that in this country exposure usually occurred in the home where women spend a relatively larger amount of their time than do the men. The care of the birds also commonly falls to the women. In an outbreak which occurred in Argentine where exposure was largely from an exhibit of fancy birds, the infection was reported as being three times as prevalent among males as among females.

Several of the nations involved, including the United States, therefore, prohibited, for the time being, the importation of the birds most commonly found to carry the infection. While this procedure prevented fanciers from acquiring newly imported birds, it was efficacious in preventing human cases of this dangerous disease. Limited importation of these birds, under supervision, is now permitted into the United States. The proper care and sanitation of birds during shipment is now prescribed so that the birds will arrive in the best possible condition. Inspection of birds at the port of importation provides additional protection in preventing the entry of all birds exhibiting signs of illness, since it is not possible by inspection to determine when a sick bird has psittacosis. A period of observation under strict quarantine, keeping the birds isolated from one another before allowing them to be admitted at ports of arrival, constitutes further protection against danger of introducing the disease. Individual birds which are kept apart from other birds become increasingly safer as the interval of isolation becomes longer. Recently imported birds, therefore, should be accorded circumspect maintenance, particularly during epidemic prevalence of the disease. The only known sure means of prevention of the disease is to avoid contact with recently imported birds, especially if they appear to be sick.

NEW HEALTH OFFICER AT COLTON

Dr. J. A. Champion has been appointed City Health Officer of Colton to succeed Dr. C. F. Whitmer.

As a rule, in epidemics in which pathogenic streptococci of the human type have been traced to infected milk, we see the combination of a relatively small herd, perhaps only a few cows, the milk from which is sold raw; the presence of a cow with an infected udder; and methods of milk production which pay too little attention to minor udder disturbances and very little attention to the health of dairy employees. Under such conditions, it is possible for a milk supply to carry infective dosages of pathogenic organisms.—*N. Y. Health News.*

It is only the ignorant who despise education.—*Publilius Syrus.*

PALO ALTO DEPARTMENT ISSUES ANNUAL REPORT

The Health Department of the city of Palo Alto, Louis Olsen, health officer, has issued its annual report for the calendar year 1930. This report covers the twenty-first year of the existence of the department and the record is of the twentieth year of its organization on a full-time basis. The report is in the excellent form that has been followed by the department for many years. It is attractively printed upon a good quality of paper and reflects great credit to the City of Palo Alto and to its health officer. In most respects, Palo Alto shared in the favorable health conditions which prevailed throughout the country during 1930. The annual death rate for the city was 9.6 per 100,000 population in 1930. This is considerably below the general death rate for the state during the same period of time. For many years Palo Alto has had comparatively few cases and deaths from tuberculosis, but in 1930 there was a considerable rise in the numbers of deaths from this cause. With the growth of the community, an increase in the number of deaths from a given cause, such as tuberculosis, must be expected. The infant mortality rate for the year was 39.2, a reduction over the rate for 1929. During the past ten years, the annual infant mortality rate for Palo Alto has averaged 41.3.

Concerning the control of communicable diseases, the health officer makes the following statement:

"With poliomyelitis epidemic in the State, Palo Alto was fortunate in escaping with but two cases. Both recovered with only slight paralysis with practically complete return of function still hoped for. There were no cases of smallpox or typhoid fever, with the other communicable diseases remaining at low points. There has not been a death from diphtheria in Palo Alto since 1921, although desperate methods were necessary to save one child during the year.

"Progress was made in diphtheria immunization during the year, with 52.3 per cent of the elementary school children so treated. This figure will be further increased during 1931."

The general sanitary conditions in Palo Alto have always been maintained at a high standard. The health department has always exerted a great effort toward the maintenance of general sanitation throughout the whole community. Spot maps showing the sanitary conditions of all premises within the city are maintained and reference to these maps indicates an exceedingly small number of localities where unsanitary conditions may exist. Food supply places are required to have permits and such places

are inspected regularly. The removal of garbage and refuse is made compulsory.

Palo Alto in 1929 entered the health conservation contest conducted by the United States Chamber of Commerce and received honorable mention. Of this contest the health officer says:

"As a result of participation in the contest, the health department received the services of an expert consultant who spent a day in the city and made a rapid survey of the department's activities. On the basis of his recommendations a program for future operations has been developed. Due to the fact that this service came late in the year, only a start on the program could be made during 1930. Definite progress may be expected for 1931.

"Some of the points of the future program are:

Pasteurization of all of the local milk supply.

Increase in number of diphtheria immunizations.

Increase in number of smallpox vaccinations.

Medical conferences for prenatal cases.

Development of clinic service.

Annual health examinations for adults.

"In this contest the city was scored as deficient in expenditures for health work, the total of \$1.32 per capita for all agencies being below the generally accepted standard of \$2.00. The health conservation contest stimulated health activities and pointed the way to still better results. It was well worth while and fortunately is being continued."

MEDICAL ATTENDANCE AND TUBERCULOSIS REPORTING

"Optimism and skepticism characterize the average tuberculous patient. The first inclines him to believe that recovery will ensue without any change in his own behavior or mode of living. The second induces him to doubt the diagnosis until advancement of the disease forces recognition. Both cause him to change physicians frequently in the hopes of finding one who will prescribe a regime which suits his own inclinations or who will negative the original diagnosis.

In turn, the patient's attitude inhibits the physician in making a positive statement regarding the presence of the disease, deferring information to both patient and family and more certainly a card report to the health department. Naturally, too, the physician who is called in the advanced case after a succession of previous attendants assumes that some one of these had complied with reporting requirements and that a duplicate is not desired. These and other factors, all contribute to delay in notification of the existence of cases.

Study was made of 1000 certificates of death occurring in San Joaquin County during the past eight years and in which tuberculosis was assigned as the cause. In 138 of these the case was seen by the certifying physician only at the time of death or diagnosis was made on inquest. In the remainder, the average period of attendance by the certifying physician was 126 days. However, the average time of reporting prior to death was only 48 days.

Undoubtedly, the average case had consulted physicians prior to the last attendant. If those had reported the case, could the health department have been of assistance by way of education in impressing the patient and family of the necessity of adhering to instructions, of the prophylaxis necessary to prevent infection of others or of the desirability of examination of family contacts to detect incipient infections, especially in children? Possibly not, but in the types of population most susceptible to the disease and so largely migratory we are inclined to believe that much could be accomplished."—*Dr. John J. Sippy, Health Officer, San Joaquin County.*

The supreme misfortune is when theory outstrips performance.—*Leonardo da Vinci.*

MORBIDITY*

Diphtheria.

58 cases of diphtheria have been reported, as follows: Berkeley 2, Oakland 1, Fresno County 1, Fresno 1, Sanger 1, Los Angeles County 11, Inglewood 2, Long Beach 1, Los Angeles 19, San Fernando 1, Whittier 1, Bell 2, Orange County 1, Placentia 1, Sacramento 1, San Bernardino 1, San Diego 3, San Francisco 4, Tracy 2, Petaluma 2.

Influenza.

508 cases of influenza have been reported, as follows: Alameda 11, Berkeley 3, Oakland 3, Contra Costa County 3, Fresno 1, Eureka 14, Kern County 1, Bakersfield 1, Lassen County 31, Susanville 9, Los Angeles County 14, Alhambra 1, El Monte 1, Glendale 7, Inglewood 1, Long Beach 7, Los Angeles 146, Monrovia 2, Pasadena 5, South Pasadena 1, Whittier 1, Lynwood 1, Maywood 1, Gardena 1, Marin County 4, Mill Valley 11, Merced County 7, Grass Valley 3, Orange County 10, Anaheim 2, Sacramento County 6, Sacramento 43, San Francisco 144, San Luis Obispo County 1, Burlingame 2, Redwood City 3, Benicia 2, Modesto 3, Santa Paula 1.

Measles.

1256 cases of measles have been reported, as follows: Alameda County 1, Alameda 2, Berkeley 82, Emeryville 1, Oakland 110, Piedmont 1, Chico 3, Contra Costa County 5, Concord 2, El Cerrito 1, Pittsburg 11, Fresno County 64, Fresno 45, Sanger 5, Willows 2, Calexico 1, Kern County 20, Bakersfield 11, Taft 1, Kings County 10, Hanford 7, Los Angeles County 57, Burbank 22, Claremont 2, Compton 7, Glendale 11, Inglewood 17, Long Beach 25, Los Angeles 161, Pasadena 2, Pomona 12, Whittier 6, Lynwood 2, Hawthorne 1, South Gate 1, Signal Hill 1, Sausalito 1, Monterey County 4, Monterey 1, Grass Valley 1, Orange County 19, Brea 2, Huntington Beach 31, Orange 1, Santa Ana 53, Placentia 1, Tustin 4, Riverside County 5, Sacramento County 2, Sacramento 3, San Bernardino County 10, Colton 3, Ontario 5, Redlands 1, San Bernardino 12, Coronado 2, El Cajon 1, Escondido 22, San Diego 147, San Francisco 6, San Luis Obispo County 38, Arroyo Grande 2, Paso Robles 10,

*From reports received on March 16th and 17th for week ending March 14th.

San Luis Obispo 20, Burlingame 7, Santa Barbara County 1, Santa Barbara 5, Santa Maria 1, Santa Clara County 6, Mountain View 1, Gilroy 9, San Jose 11, Santa Cruz County 7, Watsonville 6, Solano County 1, Stanislaus County 11, Red Bluff 1, Tulare County 22, Dinuba 7, Lindsay 8, Porterville 5, Santa Paula 1, Ventura County 14, Ventura 13.

Scarlet Fever.

139 cases of scarlet fever have been reported as follows: Alameda 1, Oakland 1, Fresno County 2, Fresno 2, Orland 1, Los Angeles County 16, Alhambra 3, Glendale 3, Huntington Park 1, Inglewood 2, Long Beach 2, Los Angeles 30, Pasadena 4, San Marino 1, Sierra Madre 1, South Pasadena 2, Whittier 1, Torrance 1, Lynwood 2, Hawthorne 1, South Gate 1, Maywood 1, Merced County 4, Los Banos 1, Orange County 1, Anaheim 1, Fullerton 3, Santa Ana 1, La Habra 2, Riverside County 9, Sacramento 1, Colton 1, Ontario 1, San Diego 1, San Francisco 2, San Luis Obispo County 1, San Luis Obispo 4, Burlingame 1, Santa Barbara County 4, Santa Barbara 8, Santa Clara County 11, Vacaville 1, Vallejo 1, Red Bluff 1.

Smallpox.

46 case of smallpox have been reported, as follows: Kern County 1, Los Angeles County 6, Los Angeles 6, Santa Monica 5, Redlands 1, San Mateo County 1, Stanislaus County 2, Ceres 4, Modesto 3, Turlock 3, Tulare County 11, Porterville 3.

Typhoid Fever.

4 cases of typhoid fever have been reported, as follows: Los Angeles 1, Sacramento County 1, San Joaquin County 1, Santa Clara County 1.

Whooping Cough.

290 cases of whooping cough have been reported, as follows:

Alameda County 2, Alameda 2, Berkeley 9, Oakland 12, Piedmont 2, Fresno County 6, Fresno 5, Kern County 27, Bakersfield 3, Los Angeles County 9, Alhambra 1, Glendale 1, Huntington Park 5, Long Beach 2, Los Angeles 26, Monrovia 4, Pasadena 6, Redondo 8, Santa Monica 3, South Gate 1, San Anselmo 1, Gustine 4, Orange County 11, Anaheim 1, Santa Ana 3, Colfax 5, Riverside 3, Sacramento County 2, Sacramento 36, San Diego 2, San Francisco 41, San Joaquin County 5, Lodi 1, Stockton 12, Tracy 10, Paso Robles 1, Burlingame 1, Lompoc 2, Santa Barbara 3, Santa Maria 1, Mountain View 1, Palo Alto 3, San Jose 3, Santa Cruz County 1, Tulare County 3.

Meningitis (Epidemic).

7 cases of epidemic meningitis have been reported, as follows: Fresno County 1, Fresno 1, Los Angeles County 1, San Fernando 1, Nevada County 1, Riverside 1, San Jose 1.

Poliomyelitis.

2 cases of poliomyelitis have been reported, as follows: Beverly Hills 1, Sausalito 1.

Encephalitis (Epidemic).

Sacramento reported one case of epidemic encephalitis.

Jaundice (Epidemic).

Bakersfield reported one case of epidemic jaundice.

Undulant Fever.

5 cases of undulant fever have been reported, as follows: Kern County 2, Glendale 2, Santa Barbara 1.

NOTE: Cases charged to "California" represent patients ill before entering the State or those who contracted their illness traveling about the State throughout the incubation period of the disease. These cases are not chargeable to any one locality.

COMMUNICABLE DISEASE REPORTS

Disease	1931				1930			
	Week ending			Reports for week ending Mar. 14 received by Mar. 17	Week ending			Reports for week ending Mar. 15 received by Mar. 18
	Feb. 21	Feb. 28	Mar. 7		Feb. 22	Mar. 1	Mar. 8	
Actinomycosis	0	0	1	0	0	0	0	0
Chickenpox	747	599	652	647	607	687	608	586
Coccidioid Granuloma	0	0	0	0	0	1	2	0
Dengue	0	0	0	0	0	0	0	0
Diphtheria	54	59	72	58	71	70	58	71
Dysentery (Amoebic)	2	2	2	0	0	0	0	0
Dysentery (Bacillary)	5	3	2	0	3	3	0	0
Encephalitis (Epidemic)	0	2	5	1	1	2	1	0
Erysipelas	29	31	15	15	15	24	14	17
Food Poisoning	3	6	7	0	0	171	17	0
German Measles	22	36	20	19	65	45	39	38
Gonococcus Infection	166	145	145	109	96	120	135	153
Hookworm	0	0	0	0	0	0	1	0
Influenza	513	561	655	508	35	51	57	35
Jaundice (Epidemic)	0	1	0	1	0	0	0	0
Leprosy	0	1	1	0	0	0	0	0
Malaria	1	0	1	0	1	0	1	1
Measles	1,049	989	1,289	1,256	1,180	1,646	1,600	1,805
Meningitis (Epidemic)	5	6	6	7	10	13	5	7
Mumps	315	336	397	353	821	823	800	753
Paratyphoid Fever	1	0	0	0	0	0	0	0
Pellagra	0	0	0	0	1	1	1	1
Pneumonia (Lobar)	46	67	110	86	75	216	58	66
Poliomyelitis	6	5	12	2	0	2	3	3
Rabies (Human)	0	0	0	0	0	0	0	1
Rabies (Animal)	14	21	26	20	13	13	22	12
Scarlet Fever	124	135	157	139	277	291	226	214
Smallpox	70	48	74	46	107	111	68	92
Syphilis	245	190	189	146	145	175	196	245
Tetanus	1	1	0	0	2	3	1	4
Trachoma	4	0	1	3	1	2	2	0
Trichinosis	2	1	0	0	5	5	0	0
Tuberculosis	197	221	272	195	218	145	271	185
Typhoid Fever	9	6	7	4	7	7	11	8
Undulant Fever	0	3	1	5	3	1	1	2
Whooping Cough	204	196	275	290	115	185	179	156
Totals	3,834	3,671	4,394	3,910	3,874	4,813	4,377	4,455

Chickenpox, measles and mumps maintain their high levels.

Smallpox dropped considerably last week.

Diphtheria shows an increase.

Influenza is less prevalent.